


2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
06 APR 12 PM 2:06

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F01000000393 1. Entity Name CDI-DOUGLASS-PYE, INC.					
Principal Place of Business 7669 SOUTH WEST FREEWAY #800 400 HOUSTON, TX 77027 3411 Richmond Avenue 77046		Mailing Address 4669 SOUTH WEST FREEWAY #800 400 HOUSTON, TX 77027 3411 Richmond Avenue 77046			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		04112006 REIN-P CR2E098 (11/05) 05-06 4. FEI Number 76-0554858	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SMOOT, ROBB Laurie 761 ISLAND WAY 1211 Roxbury CLEARWATER, FL 33707 Safety Harbor, FL 34695				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: Gaunie A. Smoot		SIGNATURE: Laurie A. Smoot		DATE: 4.8.06	
FILE NOW!!! FEE IS \$300.00		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCTD DOUGLASS, MARGARET 3411 Richmond Ave. 4669 SOUTH WEST FREEWAY #800 HOUSTON, TX 77046	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD PYE, BILL 3411 Richmond Ave #400 4669 SOUTH WEST FREEWAY #800 HOUSTON, TX 77046	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300073716173 05/02/06--01043--015 **\$300.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: Margaret A. Douglas		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE: 4.10.06 DAYTIME PHONE #: 713 7835900	